



EDUCATION ACHIEVEMENT  
AUTHORITY of Michigan

Public School Academy Enrollment Information

Name of Academy: \_\_\_\_\_

Academy Enrollment Officer: \_\_\_\_\_

Contact Info: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

---

1. Maximum Enrollment Allowed by Board Resolution or PSA Contract \_\_\_\_\_

2. Re-Enrollment  
Dates \_\_\_\_\_ to \_\_\_\_\_

3. Open Enrollment  
Dates \_\_\_\_\_ to \_\_\_\_\_

4. Does the Academy have a preference policy for siblings of current Academy students? If yes, please include a copy.

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Public Notice Information (Please include copy of publication):

Name of Publication: \_\_\_\_\_

Dates of Publication: \_\_\_\_\_

6. Random Selection Drawing Information (Please include copy of procedures)

Name of Third Party Administrator \_\_\_\_\_

Date: \_\_\_\_\_ Time \_\_\_\_\_

Location: \_\_\_\_\_